

Sanbornton Recreation Commission Program Registration Form

Participant Name: _____ D.O.B: _____ Gender: _____

Program Name: _____ Shirt Size: _____ Current Grade: _____

Mother Information:

Name: _____ Mailing Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Email: _____

Father Information:

Name: _____ Mailing Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Email: _____

Alternate Chaperone: _____ Relationship: _____

Home Phone: _____ Cell: _____

Please initial all sections below:

☐ I give permission for my child (listed above) to participate in Sanbornton Recreation Programs (YOUTH BASKETBALL). I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and agree to hold harmless Sanbornton Recreation Commission, its members, the program instructors, the Town of Sanbornton, and its officials.

☐ In case of accident, I request the Sanbornton Recreation Commission or any of its representatives to contact me. If I am not available, call the physician named below and follow his/her instructions. If it is impossible to contact this physician and it is an emergency, I hereby authorize any treatment deemed necessary for my child.

Please list any medical conditions/allergies that we should be aware of:

☐ I have received a copy of the "2008-2009 Sanbornton Recreation Commission Basketball Program Philosophy Handout" and agree to adhere to all rules set forth in the handout.

☐ I give the Sanbornton Recreation Program permission to photograph my child.

By signing below, I confirm that I have read and understand all of the information in this document.

Signature: _____ Date: _____

Sanbornton Recreation Commission, Julie Lonergan, Coordinator

P O Box 124, 573 Sanborn Rd. Sanbornton, NH 03269

Office: (603) 286-2659 Cell: (603) 393-6665

Office use only: Amount Paid Cash: \$ _____ init: _____

Check \$ _____ # _____ Init: _____